GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:60
ANSWERED ON:22.11.2000
MEDICAL TREATMENT TO LATE P.R. KUMARMANGLAM
GADDE RAMAMOHAN;M.V.V.S MURTHI

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Committee appointed by the Government to go into the treatment provided to the late Shri P.R. Kumaramanglam, Minister of Power at the Apollo Hospital has submitted its report to the Government;

(b) if so, the outcome thereof; and

(c) the follow-up action taken by the Government thereon?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a) to (c): A statement is laid on the Table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 60 TO BE ANSWERED ON 22.11.2000

The significant observations contained in the report, and the inferences drawn by the Government, were :

(i) Shri Kumaramangalam was empirically prescribed a course of medicines for malaria at the Indraprastha Medical Corporation Ltd. (Apollo Hospital) at Delhi, even though his blood samples did not show malarial parasites. It was noted that such practice is not unusual in India.

(ii) Examination of the Minister also indicated a patch in his right lung as revealed in the chest X-ray and Urine Culture revealed E coli infection. Further investigations for this lung patch ruled out the presence of cancer cells and tuberculosis.

(iii) In view of the urinary tract infection and suspected, atypical pneumonia, antibiotics were administered to the late Minister. Since the fever showed a tendency of settling down, and because the patient was keen to attend the Parliament Session, he was discharged from the hospital. He was also advised that he would be required to be checked-up at frequent intervals if the symptoms persisted.

(iv) Between the date of his discharge from the Apollo Hospital on 23.04.2000 and his admission to the All India Institute of Medical Sciences (AIIMS) on 14.08.2000, the late Minister returned for follow-up only once on 8th May, 2000, when he did not meet the treating Physician, but had his chest X-ray and blood sample taken from the office of the Chairman of the Hospital.

(v) In the period mentioned at
(iv) above, the former Minister undertook some anti-tuberculosis treatment, but the records of same are not available.

(vi) On the basis of the test results showing an inadequate polymorphonuclear leucocyte response to sepsis by the bone marrow, the Enquiry Committee has observed that consultation with a clinical Haematologist was warranted to evaluate the Immuno-haematological status of the patient. Whether a bone marrow test was indicated during this period of hospitalization has been considered debatable in the report.

(vii) It was noted that the late Minister was occasionally using Wysolone(Steroid), which had not been mentioned to the treating Physician in the hospital. This may have had the effect of altering the clinical symptomology and may have diverted the attending Physician from pursuing a different course of investigation and treatment.

(viii) In sum, government has concluded on the basis of the enquiry report that, on account of intermittent treatment and non-specific general clinical presentation, the line of diagnosis adopted by the Apollo Hospital did not cover the immune status of the patient.

The public discussion relating to the circumstances of the illness of the late Minister have thrown-up several important issues relating to the health care in secondary and tertiary hospitals in the country. In response to this, Government has reviewed the entire gamut of monitoring and mandatory provisions, relating to such healthcare and decided to adopt three major initiatives:

(a) to make a mandatory provision that the patients or their attendants can, if desired, obtain a certified copy of their medical records

from the concerned hospital whether government or private ;

(b) re-registration every five years, after undergoing 30 hours of continuing medical education for constant updating the knowledge of doctors, by suitable amendment to the Indian Medical Council Act; and

(c) notification of minimum standards of physical infrastructure and manpower in all hospitals, nursing homes and diagnostic centers offering medical services.